PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number: 10/522444

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = $ 150	LARGE ENT. = $ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100	All other situations = $ 100 / $ 200
SEARCH FEE	U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400	All other situations = $ 250 / $ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	13 minus 20 = *	
INDEPENDENT CLAIMS	8 minus 3 = *	5
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	300
EXAM. FEE			EXAM. FEE	200
SEARCH FEE			SEARCH FEE	400
X $ 125 =			X $ 250 =	
X $ 25 =		OR	X $ 50 =	
X $ 100 =		OR	X $ 200 =	1000
+ $ 180 =		OR	+ $ 360 =	
TOTAL		OR	TOTAL	1900

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X $ 25 =		OR	X $ 50 =	
X $ 100 =		OR	X $ 200 =	
+ $ 180 =		OR	+ $ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X $ 25 =		OR	X $ 50 =	
X $ 100 =		OR	X $ 200 =	
+ $ 180 =		OR	+ $ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

10/522444

REQUEST FOR **PATENT** FEE REFUND				
1 Date of Request: 8-3-05		**2** Serial/Patent #		

3 Please refund the following fee(s):	**4** PAPER NUMBER	**5** DATE FILED	**6** AMOUNT	
✓ Filing	1	1-19-05	$	100
Amendment			$	
Extension of Time			$	
Notice of Appeal/Appeal			$	
Petition			$	
Issue			$	
Cert of Correction/Terminal Disc.			$	
Maintenance			$	
Assignment			$	
Other			$	

7 TOTAL AMOUNT OF REFUND	$ 100

8 TO BE REFUNDED BY:

	Treasury Check
✓	Credit Deposit A/C #:

9 | 1 | 2 | -- | 0 | 0 | 9 | 5 |

10 REASON:

✓	Overpayment
	Duplicate Payment
	No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____   TITLE: _____

SIGNATURE: _A. Johnson_____   PHONE: _____

OFFICE: _____
****
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/90)